

2007 MUNICIPAL ANNUAL SOLID WASTE REPORT – FOR REGIONS

For the Period January through December 2007

Please return your completed form by March 31, 2008 to:

Hank Tyler, Senior Planner Waste Management & Recycling Program
Maine State Planning Office Augusta, Maine 04333-0038

The information requested in this form is similar to past years but has been reformatted to provide additional space in order to facilitate reading and completing the form.

Please refer to the enclosed Instructions and Guidelines as you complete this form

If you need assistance in completing this form, please contact Hank Tyler at 1-800-662-4545

Reporting region: _____

Municipalities in region: _____

A. CONTACT PERSON: _____ **Phone:** _____

Title: _____ **E- mail:** _____

Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____

B. TRANSFER STATION MANAGER: _____

Address: _____ **Phone:** _____

E-mail: _____ **Cell phone:** _____

C. RECYCLING COORDINATOR: _____

Address: _____ **Phone:** _____

D. Recycling Committee Chair: _____ **Phone:** _____

Address: _____

Signature of person completing this form _____

Printed name of person completing this form _____

Which region or community (ies) are you associated with for (MSW) Disposal Services?

Which recycling center, region or community (ies) are you associated with for Recycling Services?

**PLEASE COMPLETE THE FORM, WITH INFORMATION ON YOUR REGIONAL
MUNICIPAL SOLID WASTE (MSW) PROGRAM, FOR THE YEAR 2007:**

SECTION 1 NONBULKY MSW DISPOSAL

	Tons (actual only)	Facility Used
Landfilled	_____	_____
Waste to Energy (WTE) facility	_____	_____
Total Nonbulky MSW Disposed	_____	_____
Do disposal figures include <u>all</u> commercially generated waste in your community? YES ____ NO ____		

SECTION 2 NONBULKY MSW RECYCLABLES MANAGED

(See Guidelines for Reporting Materials, page 2 of the instructions)

(Single Stream or Single Sort Recycling Programs please contact Hank Tyler for directions on reporting)

	Tons (actual only)	Broker/End-User
Office Paper	_____	_____
Corrugated Cardboard (OCC)	_____	_____

Newspapers (ONP)	_____	_____

Magazines (OMG)	_____	_____
Mixed Paper Grades	_____	_____
Clear Glass (Flint)	_____	_____
Green Glass	_____	_____
Brown Glass (Amber)	_____	_____
Aluminum Cans/Foil	_____	_____
Tin Cans	_____	_____
Metal recovered from WTE	_____	_____
HDPE (#2 plastic)	_____	_____
PET (#1 plastic)	_____	_____
Other Plastic(s)	_____	_____
Other Materials (please list):	_____	_____

Do recycling figures include commercially generated recyclables? YES____ NO____

If you are the host community for a recycling region, but reporting as a single municipality, are any of the recyclable tonnages listed above from another municipality? YES____ NO____

If yes, how many tons? _____

SECTION 3 REUSE

(See *Instructions*, page 2)

Reuse opportunities for 'items salvaged', as may be provided/managed through a 'Swap shop/bargain barn' or 'casual program' at a transfer station or recycling center.

Tons _____ **Estimated?** Yes ____ No ____ **Use a Building?** Yes ____ No ____

SECTION 4 COMMERCIAL WASTE DISPOSAL AND RECYCLING

(See *Instructions*, pages 2 & 3)

Commercial MSW Disposal (in addition to the MSW tons reported in **Section #1**)

Tons (actual only)

Facility/Hauler

Commercial Recycling (in addition to the tons reported in **Section # 2**)

DO NOT include tonnages from industrial or manufacturing businesses

Material (please identify)	Tons (actual only)	Source	Broker or End-User
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 5 BULKY WASTE DISPOSAL AND RECYCLING

Please indicate if any of these materials are also included in **other Sections**.
(See *Instructions*, page 3) **Please report data in tons.**

<u>Material</u>	<u>Landfilled</u>	<u>Incinerated</u>	<u>Incinerated for Energy Recovery</u>	<u>Recycled</u>	<u>Facility or Broker/End-User</u>
Metals	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u> </u>	<u> </u>
Leaf & Yard	<u> </u>	<u> </u>	<u>XXX</u>	<u> </u>	<u> </u>
Tires	<u>XXX</u>	<u> </u>	<u>XXX</u>	<u> </u>	<u> </u>
CDD	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Wood Waste	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Furniture/Oversized	<u> </u>	<u> </u>	<u>XXX</u>	<u> </u>	<u> </u>
Mixed Bulky wastes	<u> </u>	<u> </u>	<u>XXX</u>	<u> </u>	<u> </u>

SECTION 6 REGIONAL COMPOSTING EFFORTS (See *Instructions*, pages 3 & 4)

REGIONAL PROGRAM

	Tons (actual or estimated?)	Broker/End-User
Food Waste	<u> </u>	<u> </u>
Other Organics?	<u> </u>	<u> </u>

BACKYARD COMPOSTING - CREDITS

(See *Instructions*, pages 3 & 4)

Do you have a backyard compost education program? YES ___ NO ___ **(Must attach sample of flyer/
media, to receive this credit)**

Do you ban disposal of yard/leaf waste? YES___ NO ___

Do you collect and compost yard/leaf waste? YES ___ NO ___

What percentage of households has a backyard compost pile? _____% **(Must attach copy of survey
that was conducted)**

What percentage of households received a backyard compost bin in 2007? _____% before 2007? _____%

SECTION 7 TOXICS IN MSW MANAGEMENT

(See *Instructions*, page 4)

IDENTIFY AND NAME where you direct your **residents** to deliver these products:

<u>Product</u>	<u>Municipal Facility</u>	<u>Regional Facility</u>	<u>Collection Event</u>	<u>Curbside Collection</u>	<u>Private Consolidator</u>
Fluorescent lamps	_____	_____	_____	_____	_____
Mercury Devices*	_____	_____	_____	_____	_____
TVs, computer monitors**	_____	_____	_____	_____	_____
PCB containing ballasts	_____	_____	_____	_____	_____

IDENTIFY AND NAME where you direct your **businesses** to deliver these products:

<u>Product</u>	<u>Municipal Facility</u>	<u>Regional Facility</u>	<u>Collection Event</u>	<u>Curbside Collection</u>	<u>Private Consolidator</u>
Fluorescent lamps	_____	_____	_____	_____	_____
Mercury Devices*	_____	_____	_____	_____	_____
TVs, computer monitors**	_____	_____	_____	_____	_____
PCB containing ballasts	_____	_____	_____	_____	_____

(*thermometer, thermostats, switches, laptops, etc.) (**Cathode Ray Tube – CRT - devices)

Report your Universal Wastes/Mercury Added Products Program efforts here:

Lineal feet of fluorescent lamps collected and shipped off for recycling	_____	LF
Pounds of Mercury Containing Devices collected and shipped off for recycling	_____	Lbs
Pounds of TVs, computers & monitors, and peripherals, collected and shipped	_____	Lbs
Pounds of PCB containing ballasts collected and shipped for disposal	_____	Lbs

Regional Solid Waste Program – Information Requested

A. Region's Recycling Website: _____

B. Solid Waste (MSW) Collection Practices of Member Communities

Municipality has Curbside Trash Pickup by Municipal Employees Yes ___ No ___

Municipality has Curbside Trash Pickup by Private Hauler Yes ___ No ___

Name of Hauler _____

Residents drop-off trash at transfer station Yes ___ No ___

Municipally provided Trash Service Yes ___ No ___

Company that hauls solid waste from transfer station to disposal facility: _____

Haulers collecting MSW in community: _____

Estimate MSW taken directly out of community for disposal by private hauler(s) _____ % of total

C. How are the trash disposal costs paid for?

Citizens Pay for Trash Disposal by Private Hauler Yes ___ No ___

Municipality/Region Pays for Disposal Costs Yes ___ No ___

Municipality Pays for Commercial Trash Disposal Yes ___ No ___

Businesses Pay for Commercial Trash Disposal Yes ___ No ___

"Pay As You Throw" program for residents Yes ___ No ___ \$_____ Per Bag

D. Recycling Collection Practices of Member Communities

Municipal Curbside Collection by Municipal employees Yes ___ No ___

Municipal Pays for Curbside Recycling by Private Hauler Yes ___ No ___

Name of Hauler _____

Private Hauler provides Curbside Collection for Recyclables Yes ___ No ___

Residential drop-off for recyclables Yes ___ No ___

Community/Region has Mandatory Recycling Yes ___ No ___

E. 'Household Hazardous Waste' Collection Program offered? Yes ___ No ___

Please provide total cost, vendor, participating communities: _____

F. Disposal Bans? Yes ___ No ___ Please list: _____

G. Regional Solid Waste Program Expenses: \$_____ Income from Recycling: \$_____

(Please attach a copy of your program's annual financial report)

H. Does the Region have a Solid Waste and/or Recycling Ordinance? Yes ___ No ___

I. Comments: Please share any recent improvements in your solid waste and recycling program. Include future plans or concerns for your program.
